

DISTRIBUTION:

ORIGINAL - EMPLOYEE
2 COPIES - DER/LABOR RELATIONS DIVISION
2 COPIES - DEPARTMENT
1 COPY - UNION REPRESENTATIVE

CITY OF MILWAUKEE

FILE NO. _____

GRIEVANCE DISPOSITION**INSTRUCTIONS**

Complete the original and five copies. Give the original to the employee involved. Send two copies to the Labor Relations Division. Keep two copies for your departmental records. Send the fifth copy to the employee's union representative. Answer grievances within the time limits.

EMPLOYEE'S NAME	JOB TITLE	UNION
DEPT. OR BUREAU	DATE OF GRIEVANCE INITIATION	
1. WHAT ARE THE ISSUES INVOLVED IN THIS GRIEVANCE?		
2. WHAT IS YOUR DECISION?		
3. WHAT IS THE BASIS FOR YOUR DECISION?		
4. NAMES OF PERSONS WITH WHOM THIS GRIEVANCE WAS DISCUSSED:		
SIGNATURE	TITLE	DATE
NAME (PLEASE PRINT)	DEPT. OR BUREAU	DIVISION